FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

P93000018927 (2)

 Corporation Name WESTBROOK MECHANICAL INDUSTRIES SOUTHEAST, INC.

WESTE	BROOK MECHANICAL INL	DOTHES SOUTHER	31, 1110		
Principal Place of	Business	Mailing Address		f 480/150; 418 18180 talta petat 20	111 METER SPINE (1881 1811) 1811 1811 1811 1811 1811
1537 OAK FOREST DRIVE 1537 OAK FOREST DRIVE ORMOND BEACH FL 32174 ORMOND BEACH FL					
J.I				3. Date incorporated or Qualified 03/11/1993	3a. Date of Last Report 04/21/1995
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number	Applied For
भ		26		62-1523641	Not Applicable \$8.75 Additional
Suite, Apr. #, e.c.		Stiffe, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
2		Cit, & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
7 _{(D}	Country	Ζφ	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
4	25	29	30	Florida Stalutes Yes	
<u></u>	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	egistereo Agent
			81 Name	. <u></u>	
LOUCKS, WILLIAM E.			82 Street Ad	dress (P.O. Box Number is Not Acceptab	le)
444 SEABREEZE BOULEVARD			83		
SUITE 9			63		
DAYTO	NA BEACH FL 32115		84 City		FL 85 Zip Code
		- Loop at 60 ft de Cast	the the shows paged corp	oration submits this statement for the pulard of directors. Thereby accept the app	mana of changing its registered office
11. Pursuant to	the provisions of Sections 607.050 Lagent, or both, in the State of Flor	2 and 607,1508, Florida Stat ida. Sach change was autho	rized by the corporation's bo	oration submits this statement for the pu- lard of directors. Thereby accept the app	ointment as registered agent. I am
familiar with,	i agent, or both, in the state of hor , and accept the obligations of, Sec	tion 607.0505, Florida Statut	es		
SIGNATURE	prature, blood or printed harns of rugs from layer	I with dairy from	NOSE Regulered April Signature requ	red when renebiling	DA1E
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
THILE	D	☐ DELETE	1 1 TRLE		Change Addition
NAME	HIRX, ROBERT L		1.2 NAME		
STREET ADDRESS	1537 OAK FOREST DRIVI	E	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 321	74	1.4 CITY - ST - ZIP		Change Addition
TITLE	D	☐ DELETE	2 1 TITLE		Change Addition
NAME	HIRX, ROSE M		2 2 NAME		
STREET ADDRESS	1537 OAK FOREST DRIV		2.3 STHEET ADDRESS		
CITY - ST - ZIP	ORMOND BEACH FL 321	74	2 4 CITY - ST - ZIP		, Change Addition
TITLE		☐ DELETE	3 1 THLE		. , _ , _ ,
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY · ST · ZIF	A1170-	— . — — — — — — — — — — — — — — — — — —	3.4 CITY - ST - 2IP 4.1 TITLE		Change Addition
THTLE		☐ DELÉTÉ	4 2 NAME		
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS					
CITY-S1-ZIP	,	DELETE	5 1 TillE		☐ Change ☐ Addition
TITLE		LJ second	5.2 NAME		
NAME			53 STHEET ADDRESS		
STREE ADDRESS			5.4 City-St-ZIP		
CITY-ST-ZIP		DELETE	6 1 TiTLF		☐ Change ☐ Additio
TITLE			6.2 NAME		
NAME CIRCLIANDRESS			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY - \$1 - ZIP		
CITY-SI-ZIP				is the time execution stated in Section 11	9 ∩Z(3)(k) Florida Statutes I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on or after him it with an address.

SIGNATURE:

PRESIDENT